

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	14526,399
Filing Date	3/2/5
First Named Inventor	Gibert
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	14988NP

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 000293

OR

☐ Practitioner(s) named below:

Name	Registration Number
Ralph A. Dowell	26868
Wendy M. Slade	53604

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: 000293

OR

☐ Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.

Address Suite 406, 2111 Eisenhower Avenue

City Alexandria State VA Zip 22314

Country US

Telephone 703 415 2555 Fax 703 415 2559

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Barre Bertrand</i>	Date	3/3/2005
Name	BARRE Bertrand	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/526,399
Filing Date	3/2/05
First Named Inventor	Gibert et al
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Art Unit	
Examiner Name	
Attorney Docket Number	14988NP

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Signature	Francis LEPAGE	Date	3/3/2005
Name	LEPAGE Francis	Telephone	
Title and Company			

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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SIGNATURE of Applicant or Assignee of Record

Signature	Xavier Gibert	Date	3/3/2005
Name	GIBERT Xavier	Telephone	
Title and Company			

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